



PTO/SB/21 (09-04)

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

5

Application Number

09/804,973

Filing Date

March 13, 2001

First Named Inventor

Murray, William R.

Art Unit

3676

Examiner Name

Suzanne L.D. Barrett

Attorney Docket Number

14572P-002865US

**ENCLOSURES (Check all that apply)**

Fee Transmittal Form



Fee Attached



Amendment/Reply



After Final



Affidavits/declaration(s)



Extension of Time Request



Express Abandonment Request



Information Disclosure Statement



Drawing(s)



Licensing-related Papers



Petition

Petition to Convert to a  
Provisional ApplicationPower of Attorney, Revocation  
Change of Correspondence Address

Terminal Disclaimer



Request for Refund



CD, Number of CD(s) \_\_\_\_\_



Landscape Table on CD



After Allowance Communication to TC

Appeal Communication to Board  
of Appeals and InterferencesAppeal Communication to TC  
(Appeal Notice, Brief, Reply Brief)

Proprietary Information



Status Letter

Other Enclosure(s) (please identify  
below):

Return Postcard; copies of references AO-AQ

Certified Copy of Priority  
Document(s)Reply to Missing Parts/ Incomplete  
ApplicationReply to Missing Parts  
under 37 CFR 1.52 or 1.53

Remarks

The Commissioner is authorized to charge any additional fees to Deposit  
Account 20-1430.**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

Townsend and Townsend and Crew LLP

Signature

Printed name

Patrick R. Jewik

Date

November ( 15 ), 2005

Reg. No.

40,456

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature

Typed or printed name

Mark T. Davis

Date

November ( 15 ), 2005

SP 3676

IFW

PTO/SB/17 (12-04)

O I P E  
NOV 18 2005  
PATENT & TRADEMARK OFFICE

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 180

### Complete if Known

Application Number	09/804,973
Filing Date	March 13, 2001
First Named Inventor	Murray, William R.
Examiner Name	Suzanne L.D. Barrett
Art Unit	3676
Attorney Docket No.	14572P-002865US

### METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

Fee Description	Small Entity	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25	
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100	
Multiple dependent claims	360	180	

Total Claims -20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ Fee (\$) Fee Paid (\$)  
Multiple Dependent Claims  
Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20  
Indep. Claims -3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ Fee (\$) Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = \_\_\_\_\_ Extra Sheets / 50 = \_\_\_\_\_ Number of each additional 50 or fraction thereof (round up to a whole number) x \_\_\_\_\_ Fee (\$) Fee Paid (\$)

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)  
 Other: Submission of Information Disclosure Stmt 180

### SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 40,456	Telephone 415-576-0200
Name (Print/Type)	Patrick R. Jewik		Date November ( 15 ), 2005

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

PATENT  
Attorney Docket No.: 14572P-002865US

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

On November 15, 2005

TOWNSEND and TOWNSEND and CREW LLP

By: [Signature]  
Mark T. Davis



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

William R. Murray, Jr.

Application No.: 09/804,973

Filed: March 13, 2001

For: COMPUTER PHYSICAL  
SECURITY DEVICE

Examiner: Suzanne L.D. Barrett

Art Unit: 3676

SECOND SUPPLEMENTAL  
INFORMATION DISCLOSURE  
STATEMENT UNDER 37 CFR §1.97 and  
§1.98

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO/SB/08A are being called to the attention of the Examiner. Copies of the references [in compliance with the requirements of 1287 OG 163] are not enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no

representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

This IDS is being filed before the mailing date of the final Office Action or Notice of Allowance.

Please charge the IDS fee of \$180 to Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



Patrick R. Jewik  
Reg. No. 40,456

TOWNSEND and TOWNSEND and CREW LLP  
Two Embarcadero Center, Eighth Floor  
San Francisco, California 94111-3834  
Tel: 415-576-0200  
Fax: 415-576-0300  
PRJ:mtd

60635360 v1

Substitute for form 1449A&B/PTO

**INFORMATION DISCLOSURE  
STATEMENT BY APPLICANT**

(use as many sheets as necessary)

**Complete if Known**

Application Number	09/804,973
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Art Unit	3676
Examiner Name	Suzanne L.D. Barrett
Attorney Docket Number	14572P-002865US

Sheet **1** of **1**

U.S. PATENT DOCUMENTS+					
Examiner Initials*	Cite No. <sup>1</sup>	Document Number Number Kind Code <sup>2</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
	AA	US 2,102,583	12-21-1936	Alberg	
	AB	US 4,066,231	01-03-1978	Bahner	
	AC	US 4,656,848	04-14-1987	Rose	
	AD	US 5,154,456	10-13-1992	Moore	

Examiner Signature	Date Considered
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.